

REC'D MAY 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14290

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001
 (c) City St. Joseph, (d) Street No. 312 North 17th. Registered No. 413
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Zimmerman,

(a) Residence, No. 312 North 17th. St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie B. Zimmerman,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 11 28
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hotel Keeper,
 9. Industry or business in which work was done, as saw mill, bank, etc. Hotel & Restaurant
 10. Date deceased last worked at this occupation (month and year) April 1919 11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (CITY OR TOWN) Milwaukee,
 (STATE OR COUNTRY) Wisconsin,

13. NAME Benjamin L. Zimmerman,
 14. BIRTHPLACE (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Pennsylvania,

15. MAIDEN NAME Hannah Uhlman,
 16. BIRTHPLACE (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Pennsylvania,

17. INFORMANT (ADDRESS) Mrs Albert Zimmerman,
312 No. 17th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem. DATE April, 189 19 39

19. FUNERAL DIRECTOR (NAME) Heaton-Bellows & Co.,
 (ADDRESS) 319 S. 10th. Str. Funeral Home

20. FILED Apr 18, 1939 St. Joseph Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15th, 193922. I HEREBY CERTIFY, That I attended deceased from April 15, 1939, to April 15, 1939I last saw him alive on April 15, 1939. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism following Hip FractureOther contributory causes of importance: ArteriosclerosisName of operation None Date of NoneWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/12, 1939Where did injury occur? St. Joseph, Mo. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury Fall on Kitchen FloorNature of injury Fracture left hip24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify: None(Signature) Charles H. Kerner, M. D.(Address) 221 Kirkpatrick BldgSt. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER...

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Apr. 15, 193

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Licensed Embalmer No. 213807

P. O. Address 3190 Le 10th St. New York

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.